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Bib Data Sheet

CONFIRMATION NO. 1857

SERIAL NUMBER 10/076,266	FILING DATE 02/15/2002 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO.
APPLICANTS Denis Eon Solomon, Miami, FL;				
** CONTINUING DATA ***** <i>None</i>				
** FOREIGN APPLICATIONS ***** <i>0-K</i>				
UNITED KINGDOM GB 0008079.6 04/04/2000				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/23/2002				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING	TOTAL CLAIMS 1
Verified and Acknowledged Examiner's Signature <i>lis ghol</i>	Initials	INDEPENDENT CLAIMS 1		
ADDRESS DENIS EON SOLOMON 233 SW 31ST ROAD MIAMI ,FL 33129				
TITLE Surgical-medical dressing for the treatment of body burns and for wound healing which employs human umbilical vein endothelial cell conditioned medium for human cell growth used in the manufacture of the dressing				
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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BIBDATASHEET

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35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

Surgical Medical Dressing

FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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